

City of Fort Lauderdale

Customer Service • 100 North Andrews Avenue • Fort Lauderdale, FL 33301

APPLICATION**Water and/or Wastewater and/or Garbage Service**

OFFICE USE ONLY

Acct. # _____

Rec'd. Date _____

Conn. Date _____

24-Hour Night Drop
Located at Drive-thruCity Hall – First Floor
954-828-5150

Fax: 954-828-5880

Office Hours:

8:00 am to 4:30 pm

Monday to Friday

Drive-thru Hours:

Mon. and Fri. – 8:00 am to 5:00 pm

Tues. - Wed. - Thurs. – 8:00 am to 4:30 pm

For payments only, use
the drive-thru or walk-up window
located at our facility in the
City Hall Parking Lot, East Side

INSTRUCTIONS: Answer all questions, sign and date the application. Return the completed form by fax or mail. You can also deliver it in person to our office on the first floor of City Hall. Application is void if altered or not completed in full. Copies of your Driver's License and Proof of Ownership must be returned with the application.

(1) Applicant's Name _____

(2) Address at which service is requested _____

_____ Apt. _____ Zip Code _____

(3) **EFFECTIVE LEASE DATE** _____

Tax ID or Social Security # _____ Driver's License State & # _____

Phone #: Home _____ Business _____

(4) Billing Address: _____

_____ Bldg./Apt. #: _____

(5) Have you ever had service with the City of Fort Lauderdale? () YES () NO

(5A) If YES, at what addresses: _____

(6) Owner(s) must complete the following information (**Application void if not completed.**):

(A) New Tenant's Name _____

(B) **EFFECTIVE LEASE DATE** _____

(C) Owner's Name _____

(D) Owner's Mail Address _____

(E) Owner's Phone Number _____

(F) Provide proof of ownership.

(A copy of the document will be made and the original returned to you, or you may submit a photocopy.)

➔ **NOTE:** The security deposit will be applied to the final bill. If applicable, the credit balance shall be refunded to the individual in whose name the account is established.

THIS FORM MUST BE SIGNED BY BOTH TENANT AND OWNER.

Signed _____ (Tenant) Date _____

Signed _____ (Owner) Date _____

Management Co. _____ Phone _____

Property Manager _____ Phone _____